

CLAIMS ONLY							<div style="display: flex; justify-content: space-between;"> Application Number 1088500 Filing Date </div>						
							Applicant(s)						
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Depend	↘		↘		↘		Total Depend	↘		↘		↘	
Total Claims							Total Claims						